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ART. I.—ON WIND-CONTUSIONS.

BY SAMUEL ANNAN, M. D., OF BALTIMORE.

Baltimore, July 9th, 1838.

The sixth number of the "Medical Intelligencer," for the present year, contains some strictures upon an attempt which I made, in a former paper, to account for the instances of death on the field of battle, where no external wound was perceptible, by John R. Purdie, M. D., of Smithfield, Virginia. It is true, as Dr. P. remarks, that no great benefit can result from the solution of the problem; but it is, nevertheless, an interesting philosophical enquiry; and in all cases where the effect is so striking, the human mind is not likely to rest satisfied until the cause is discovered. I therefore consider the profession indebted to Dr. P. for the disposition he has manifested to cast all the light he possesses upon this dark subject. I regret, however, that he did not take more pains to make himself well acquainted with the minute details of his facts before he communicated them to the public. It is a trite and true saying, that, by the collision of opinions, truth is elicited; and it is equally true, that nothing but confusion can result from the collision of facts. Nature is uniform and invariable in her operations; and *cæteris paribus*, like sequences succeed to similar antecedents. If facts appear to conflict, it must always arise from some defect in the observations. The genuine philosopher, under these circumstances, will enquire of nature again; nor will he cease to interrogate her, until the apparent contradictions are removed.

In the seventh volume of Niles's Weekly Register, Col. Armistead, in his letter to the secretary of war, mentions the death of Lieut. Clagget, and Sergeant Clemm. I have made enquiry of the brother and brother-in-law of Lieut. C., the latter of whom was within a few feet of him when he was killed, and was himself injured by the explosion, and by the dirt from the parapet wall, on the inside of which he was sitting. I have also conversed with another gentleman who was seated under the parapet wall and was slightly wounded. I have seen the gentleman who assisted in laying out the corpse, and superintended the funeral as a friend of the family; and have obtained the recollections of a medical man, who was assistant surgeon in the U. S. army, and on duty in this city at that time.

In the first place, Dr. P. is mistaken when he says that the lieutenant and sergeant were at the same gun.

2d, The sergeant was killed, but not at the same gun—nor by the shell which killed Lieut. C. A part of a shell struck Sergeant Clemm on the abdomen, and inflicted a frightful wound, of which he died in a few minutes. Dr. P. unfortunately writes from indistinct recollection, and does not seem to be very certain himself of his accuracy. He says, "I think the lieutenant was killed, and perhaps others were more or less injured."

3d, The doctor is mistaken when he says, "the shell burst about ten feet from the ground." The shell struck the parapet wall, threw in a large

quantity of dirt—one of the gentlemen says about a ton and a half; it then struck the cast-iron wheel of the gun-carriage and broke it to pieces, and exploded, blowing off the covering of the touch-hole and firing the gun.

4th, The doctor is mistaken when he says, "On examining his body, not the slightest bruise or scratch was to be found." Lieut C.'s face and breast were as black as ink, from contusion; and blood was discharged from his nose, mouth, and ears. The gentleman who was at the washing and dressing of the corpse informs me, that he and those present were of opinion, "from the marks of violence on the breast, that he had been struck by some heavy body, and the breath driven out of him." It is certain that Lieut. C. was under the gun, either standing or sitting, between the carriage and the parapet wall; and the result of the enquiries made by Assistant Surgeon —, to whom I have referred, was, that the gun, a twenty-four pounder, when the wheel was broken, fell down upon Lieut. C. and crushed him. He has a perfect recollection of the talk of wind-contusions; but as he considered that absurd, he enquired sufficiently to satisfy his own mind that death was caused in the way just mentioned. The opinion formed at the time by an intelligent surgeon, after proper investigation, and the conclusions of the persons who washed the corpse, deduced from the marks of violence on the breast, concurring, must be regarded as decisive. There is considerable discrepancy in the statements of different individuals, as might be expected; but respecting the position of Lieut. C. in front of the carriage and under the gun there is no dispute, as far as I have heard.

It is thus abundantly evident, that, however the death of Lieut. C. may have been caused, it was not a case of *wind-contusion*. The external marks of violence were perceptible to the most careless and superficial observer.

As to the frog which Dr. P. and his friends killed without hitting, or making a wound, it is much more likely to have been a case of water concussion than wind-contusion. I have myself frequently killed fish when near the surface of the water, and in no instance were they struck by the shot. The spot aimed at was always on the near side of the fish, and the concussion of the water killed them as effectually as if they had received a dozen bullets. Of course there was no external wound. I have no doubt a frog can be killed in the same manner. But admit the fact as stated by Dr. P., it only shows that a frog can be killed by the concussion of the air, or in some other mysterious way; but surely that does not prove that men are killed by cannon-balls, without being struck, in opposition to all the cases where, when they have been hit, and dreadfully mutilated, they still did not die. In naval battles, where thirty-two and forty-two pound shot are flying in all directions, coming in at the port-holes, and killing several men at the same gun, tearing some of them to pieces, one man will have his arm shot off close by his body, but no farther injury done, while those who are not hit receive no damage whatever.

With respect to the hypothesis of Dr. De Butts, it is merely substituting one conjectural explanation for another. We know that friction and chemical action are powerful agents in exciting the phenomena of electricity; but we have no evidence that an appreciable amount of this influence is called into action by the friction of cannon-balls and shells against the particles of the atmosphere. Neither have we any proof, if the electrical equilibrium is disturbed, that an accumulation takes place in the ball; nor that it does not pass off at one side as rapidly as it enters at the other. The chemical action going on during the burning of the fuse of a shell, and at the time of the explosion, will certainly excite more or less electricity; but we are not obliged to have recourse to that power to explain all the consequences. The heat and the force with which the fragments are scattered about sufficiently account for all the visible effects. Still, if we do admit the production of a large quantity of electricity by the bursting of a shell, this is not proof that it accompanies a cannon-ball or a shell previous to bursting. At the siege of Gibraltar, General Elliot had the cockade cut off the side of his

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hat by a shell, and was not in the smallest degree injured. Where was the electricity? Dr. De Butts was guilty of a great oversight when he mistook the light from the burning fuse of the shell for an electrical phenomenon. A very intelligent physician, at present residing in this city, assures me that Dr. P. is once more mistaken, in saying that Dr. De Butts informed his class that the light could not proceed from the burning fuse, inasmuch as it was not visible until the shell had advanced one third of the distance towards its object. His recollection is, that the doctor stated that the light was visible as soon as could be expected, when the smoke of the discharge was taken into account. But be this as it may, we must regard the light as having been given off by the burning fuse, which body we know is luminous when in a state of combustion, until it can be shown, that cannon-balls, where there is no fuse, are surrounded by a halo of light, of which we as yet have no account; and until we have a method pointed out to us, by which we can distinguish the light of the fuse from that caused by electricity.

Reflecting farther upon this subject, I have no doubt that many men die, during battles, especially in hot weather, from exhaustion, produced by terror and excessive fatigue. At the battle of Monmouth, the latter part of June 1777, nineteen British soldiers were found dead around a spring, without a wound. The heat and the cold water were here associated. If these men had walked to some distance from the spring before they fell, their cases might have been quoted as instances of *wind-contusion*. Nevertheless, that a force sufficient to injure fatally some of the viscera may act upon the trunk of the body, and leave no external mark, is proved by the case of lacerated ilium narrated in my former paper. I have also seen the right lobe of the liver torn half through, causing death in twenty-three minutes, by a fall from the fore-topsail yard, the right hypochondrium striking the top of the ship's bulwarks, and no external wound or bruise was visible. What may be the relative proportion of deaths from these two causes to which I have referred, it is impossible, in the present state of our knowledge, to say.

ART. II.—TRACHEOTOMY—REMOVAL OF A PEBBLE FROM THE AIR-PASSAGES.

BY J. LUKE, ESQ., OF LONDON.¹

John Tyler, æt. 9, admitted February 6, 1838, from the country, reports, that having been subject to a pain in the right side, he was recommended to keep a stone in his mouth, and about a month ago it slipped into the trachea. It caused, at first, great pain over the right mamma, and on the right side of the chest, and violent attacks of cough and dyspnoea, with acute inflammatory symptoms, for which he was leeches, blistered, and purged, with considerable relief. An attempt was made in the country to remove the stone, by suspending him in the inverted position, but it nearly produced asphyxia.

He says that at present he cannot walk a mile without stopping, or even lying down several times, from the violence of the cough induced; and his mother reports that he has frequent paroxysms of suffocating cough, especially at night.

He is a stout, strong-built little fellow, of a florid complexion, which becomes frequently purple after the attacks of cough. The clavicles are raised considerably even in ordinary respiration, and apparently all the assistant muscles of respiration brought into play, producing a slight general

¹ London Medical Gazette, May 12, 1838, p. 296.

heaving, and a throwing back of the shoulders at each inspiration. The voice is slightly *cracked*.

On examining the chest, a very loud sound is heard on inspiration, and less distinctly on expiration, a little above the right mamma. It varies much at different times, both in character and intensity, sometimes resembling a steady sibilous r  le; at others, excessively tumultuous, and more resembling the sonorous r  le. The respiratory murmur is considerably obstructed in the lower part of the lung, and is masked by the r  les. On the left side there is a much slighter wheeze, and the respiratory murmur throughout the lung is puerile.

The sound of the voice is very loud and distinct in the situation mentioned, on the right side.

The sound produced by coughing is very peculiar. It resembles the sudden and violent click of a valve; and gives one the idea of a large globule of hardened mucus being very suddenly stopped in its progress upwards by the closure of the rima glottidis. It is attended, as the boy tells us, by a feeling of suffocation; and there is occasionally to be heard a croupy inspiration following it. The boy says that he feels something move when he coughs.

Sunday, Feb. 11th.—A consultation of the surgeons was held on Thursday last (8th), but the boy not having had since he came into the hospital any urgent symptoms, it was agreed to watch the symptoms for a few days longer. On Friday night he had a very severe fit of coughing of nearly an hour's duration; and a consultation was held to-day, and attended by the physicians; but in the absence of more urgent symptoms nothing was done. The sounds are at present much as when he came into the house.

Wednesday, Feb. 21st.—During the last few days considerable alteration has taken place in the character of the sounds. The sounds heard over the right mamma are certainly not quite so loud, nor so tumultuous, but on the left side are much louder, and in fact there is scarcely any difference between the two sides. The respiratory murmur is now masked by the r  les on both sides of the chest. There is now, however, excessive noise in the trachea, and the same valvular click is heard on coughing, in the direction of the larynx, (which should have been mentioned before as its apparent seat.) As it appeared from this that the disease was extending, it was agreed on all hands that there was no reason for delaying the operation.

Friday, Feb. 23d.—The operation was this day performed by Mr. Luke. The boy was placed on the table in a semi-recumbent posture, the shoulders brought forward and the head held backwards. An incision, one and a half inch long, was made through the skin and fascia, extending from the cricoid cartilage nearly to the interclavicular ligament: several layers of the cellular membrane, and the isthmus of the thyroid body, were divided, and about an inch of the trachea exposed. These little vessels, which bled freely, were tied, and a delay of about ten minutes now took place, in order that all bleeding might cease before the trachea was opened. The trachea was then divided from above downwards, to the extent of nearly an inch; and the boy at once turned over on his side, towards the edge of the table. The clicking of the stone was heard loudly, and violently, during the coughing which the opening had induced; but as the opening did not seem sufficiently large to allow of its exit, Mr. Luke proceeded to cut out a portion of the trachea on one side of the incision. The stone, with the removed portion of trachea, was instantly blown out with considerable force, and to some distance, by a violent cough. The boy at once recognised the stone as that which he had put into his mouth, and seemed much pleased at the result of the operation.

All oozing of blood having ceased, the wound was carefully strapped up, and the boy placed in bed, supported nearly upright by pillows.

The stone was a transparent yellow pebble of somewhat of the shape of a kidney-bean, nine sixteenths of an inch in length, and seven sixteenths broad.

Evening, 9 o'clock.—The boy has not had a single fit of coughing since the operation, and is now quietly asleep, no air having come through the wound. He had fortunately taken a hearty meal before the operation, and has not required to be disturbed since.

24th.—Has passed a tranquil night, and slept a little: has not coughed since the operation. Pulse natural; face pale, but without any expression of anxiety. On applying the stethoscope to the chest we found that all the unnatural sounds had entirely ceased¹ on both sides of the chest, and the respiration might be described as *perfectly natural*. No air has come through the wound. Bowels confined. Ordered a senna draught.

25th.—To-day he is flushed; pulse is quick, and skin hot and dry; wound dressed and looking healthy, though no union has taken place.

Ordered to leave off milk, and take saline medicine with antimony.

26th.—Febrile symptoms relieved, and he is altogether doing well.

On the next day or two he had a little cough, (owing to a cold caught by the window having been left incautiously open,) and a slight return of the wheezing. Small quantities of air and of mucus passed through the wound till about the 3d of March, but the wound gradually closed, and by March 12th was healed over.

ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

CLINIQUE OF DR. DUNGLISON.

REPORTS BY ALEXANDER M. VEDDER, A. M., ONE OF THE SENIOR RESIDENT PHYSICIANS.

1.—*Gangrene of the Lungs supervening on Phthisis Pulmonalis.*

Margaret W., æt. 33 years, entered Women's Medical Ward, No. 2, July 4th, 1838. M. W. has been a patient in the Lunatic Asylum for about one year. Her health was good until two months before her entrance into the medical ward. At that time she was observed to have a slight cough. One week since her cough became more severe, so as to confine her to bed; her strength and appetite failed at the same time. She is the mother of two children; one of them died a short time since of pneumonia, the other is a healthy boy.

At her entrance she had considerable fever, great heat of skin, great dyspnoea, with paroxysms of coughing so violent as to threaten suffocation. She was bled to six ounces, which relieved the dyspnoea, and suspended the paroxysms of coughing. The following mixture was then prescribed:—*R. Syr. ipecac. 3 ss.; tinct. opii camph. 3 ss.; mucil. lini 3 v. Sumatur cochleare magnum secundâ quâque horâ.*

On the 6th of July the expectoration and breath became fetid.

State: July 8th, 1838.—Emaciation evident but moderate. Lies with her head elevated; expression of anxiety; nostrils dilate during inspiration; face slightly flushed; tongue red at the centre, white at the edges; respiration 60 per minute, high and abrupt; breath very fetid; cough loose and frequent. She swallows the greater part of her expectoration; the part expectorated is dark-coloured, and of a gangrenoid odour. Appetite nearly lost; thirst moderate; no vomiting or diarrhoea; skin hot and dry; pulse 138, small and quick. Both feet œdematous.

Chest: anteriorly, on the left side.—Respiration is cavernous under the clavicle at its internal margin; bronchial, externally. Inferiorly, abundant sibilant and sonorous ronchi, with signs of bubbles of mucus. Vesicular murmur feeble. Pectoriloquy in the infra-clavicular space.

Right side, anteriorly.—Respiration cavernous, with gurgling under the

¹ A remarkable illustration of the rapidity with which chronic inflammation ceases, when the cause is removed.

clavicle. Pectoriloquy is here marked. Inferiorly, sibilant and sonorous ronchi.

Percussion: left side, anteriorly.—Flat below the clavicle to the second rib; rather dull below.

Right side.—Percussion flat to the third rib; dull below.

Posteriorly.—Respiration on the *left side*, at the summit, bronchial, with resonance of the voice; throughout the remainder of this side feeble.

On the right side.—Respiration cavernous, with gurgling; on coughing, the air seeming to pass through a constricted orifice: the splashing of the fluid can be heard against the walls of the cavity. This character of the respiration extends to the middle of the chest. It is rude below this. In the corresponding part there is intense pectoriloquy.

Percussion.—Flat in superior half of *right side*; clear below.

Left side.—Dull at the summit, and nearly normal below.

Prescription.—Addatur misturæ solutionis sodæ chloridi 3 ss.; nutritious diet, with six ounces of wine to be made into whey.

July 10th, P. M.—Dr. Taylor—the junior resident physician of the ward—saw the patient this evening, and reports her condition as follows:—More oppression; strength less; skin above natural temperature; pulse 150, feeble; respiration 56, high, laboured, and interrupted by coughing; sputa of the same fetid character.

On the morning of the eleventh, at the visit of Dr. Dunglison, she was evidently moribund; breathing extremely difficult and abdominal; skin covered with a cold clammy sweat; extremities cold; pulse scarcely perceptible at the wrist; countenance anxious; yet her mind was active, and the amount of her intellectual manifestations about as usual.

She died about one o'clock, P. M. Unfortunately permission could not be obtained to examine the body.

Gangrene of the lungs, although a rare disease in private practice, is not uncommon in this hospital—two or three cases occurring during the course of a year. It need scarcely be said that gangrene in so important an organ is almost necessarily fatal; still, now and then well-marked cases occur which terminate favourably. Within the last nine months four cases have presented themselves in the wards of this hospital, all of which terminated fatally.

A. M. VEDDER.

2.—Gastro-Enteritis—Neuralgia.

Mary Branagan, æt. 22, entered the hospital on the 14th of June. Is a native of Ireland. In America five years. Widow for four months past. Has had five children; none living. In her first three pregnancies, she had premature labours at seven months. In the fourth, aborted at four months; the last went to the natural term, in August, 1837. Enjoyed good health until twelve months since, when she became subject to pains in the head. The catamenia regular until the month of February, 1838. The pain in the head was not constant. Had "flying pains," but no nausea or vomiting at these times. The pain in the head continued at intervals for three or four months from the commencement.

About the 15th of May, 1838, the present disease began; had then a mere soreness in the epigastric region; took no exercise, constantly sewing from sunrise to 10 o'clock at night. The pain in the epigastrium gradually became more and more extended, occupying nearly all the abdomen, and extending over the inferior half of the thorax anteriorly. Two weeks before her entrance she could scarcely stoop.

About the same time (May) was taken with "smothering and fluttering" at the heart. The cephalalgia continued. Pain in the back, which began two weeks before entrance, increasing. No pain in the limbs. Slept badly at times, especially for the last two weeks. Appetite but little diminished; has not lost flesh. Cutaneous transpiration about as in health. Bowels

rather costive. For the last four weeks she has been scarcely able to do any work; has been confined to her bed for two weeks. Never had any difficulty in moving her limbs, but has had cramps in the arms. Subject to a mist before her eyes for twelve months.

Present state, June 16th, 1838.—Expression of languor; face slightly flushed; cephalalgia; tongue white, shining, moist; appetite moderate; thirst about natural; no cough; palpitation during the day; pain and tenderness on pressure throughout nearly the whole abdomen; soreness of the epigastrium; complains now of pain in the small of back; no pain in the extremities, but at times cramps in both fore-arms, lasting a few moments only; the spine is so tender throughout its whole extent that the patient can scarcely bear to have it touched—when pressed, the pain is invariably referred to the termination of the nervous trunks; the pain in abdomen sometimes of a shooting, lancinating character; no nausea; pulse 72, regular, small. This morning took a cathartic, and was cupped over the abdomen; no relief followed these remedies. Bowels regular.

Applicentur cucurbitulæ cruentæ viii., et cucurbitulæ siccæ vi. Regioni spinali.

June 17th.—Felt no relief after the cupping until this morning; pains in the abdomen now less; in back as before: the pain there "goes and comes," and is most severe in the small of the back; feels a burning pain in the palms of the hands and soles of the feet; no cephalalgia; slept tolerably well, but not so well as the night before. No treatment.

June 18th.—Much the same; tongue still exhibiting gastric irritation.

R. Pulv. rhei gr. x.; magnes. carbon. gr. xv.; fiat pulvis statim sumendus.

June 19th.—Feels better, but is weak. Is now sitting up, and walks about. Pain in the back much diminished—still feels a little sore, and she thinks from the cupping. Pain in the abdomen has nearly ceased; still a little in the breast, for which dry cups were applied to the region of the spine—the pain was less after the cupping; sleeps well; appetite improved; felt a little giddiness after eating; palpitation at times—not less than at entrance; seems more lively; tongue clean; no thirst; sweating at night, especially of the hands, feet, and back; no cramps to-day in hands; burning sensation has ceased; no cough; spinal tenderness much less; no abdominal tenderness. No treatment.

June 21st, *P. M.*—More gay; strength increased; no pain in the abdomen; none in back or head. On the 20th she was cupped on the nape of the neck for giddiness, which was relieved. Sleeps well; no palpitation; bowels open; no cramps in the hands; no unnatural sensation in extremities; appetite good; feels better than she has done at any time for the last three months. Discharged June 22d.

P. S.—July 14th. The patient has been employed in the children's asylum as an assistant, since her discharge, and has continued entirely well.

A. M. VEDDER.

ART. IV.—FECULA OF THE SAW-PALMETTO, USED BY THE INDIANS AS FOOD.

We are indebted to the gentleman to whom it is addressed for the following letter from General Smith. Mr. Roberts has also favoured us with specimens of the flour, the colour of which sufficiently indicates its impurity, and will doubtless account for the unwholesome effects it is said to induce.

It is an impure starch prepared after the method described in the following letter:—

Philadelphia, July 14th, 1838.

Charles Roberts, Esq.

Dear Sir,—I beg you to accept a quantity of a flour used by the Seminole Indians of Florida as food.

This flour is made from the root of the saw-palmetto, and has been used by the Indians since its discovery, within about eight years, as a substitute for a much better article of food made from the arrow-root. The latter is only found on the eastern coast; the saw-palmetto covers nearly all the territory south of latitude 28°, where it is not under water. The flour made from the arrow-root is called *coontie*; this and another substitute, made from the root of the India-brier, usually bear the same name.

The root of the saw-palmetto lies generally on the surface of the ground, shooting down its fibres from the under side, and one end into the earth, the other end turns upwards, and from it proceed the dentated stems of its leaves; these generally shoot quite close to the ground, but often, in the older plants, a stem from two to eight feet long, apparently of the same nature of the root, and a continuation of it, intervenes between the earth and the leaves. This stem is the part chosen for their food, and is generally from four to ten inches in diameter.

The outer part, which is always found scorched by fire, is cut off, and the remainder chipped up as log-wood is for the dyer. The chips are pounded in a mortar cut out of the nearest log of hard wood found lying on the ground, with a pestle about six feet long, and then passed through a sieve made of strips of palmetto leaves—a fabric similar to that of the “palm hats” sold here—the coarser fibres remaining are thrown away.

A piece of cotton cloth—generally a cotton handkerchief—is then tied by its corners, at about three feet from the ground, to stakes set in a square about eighteen inches apart; underneath and near the ground a deer-skin is tied to the stakes in the same manner, its corners gathered so as to enable it to hold six or eight gallons of water. Into the upper cloth is then put a quantity of that part of the root passed through the sieve, and water is poured upon it by one person while another stirs it around and mixes it up with the hands. The water passing through the cloth carries with it all the finer farinaceous particles, and is received in the deer-skin below. When the latter is full the flour is allowed to settle, and a starch-like substance is deposited, which is then poured off.

After throwing away from the cloth the residue left in it, it is washed and replaced, and the deposit left in the deer-skin removed to it; when it is suffered to drain completely. It is then spread out on a dry skin on the ground, and all the lumps are broken and thoroughly dried; it is now packed in bags of dressed deer-skin ready for use.

It cannot well be made into bread, but is used in a kind of pap, or to thicken a soup, if they have meat. It is sometimes, also, fried as batter-cakes.

The Indians do not consider it a wholesome diet,—it is productive of bowel complaints.

The whole labour of gathering the root and preparing the flour, which is considerable, from the force necessary in pounding it in the mortar, is performed by the females.

There is a difference of colour in the two parcels I send you. The roots from which the whiter flour was made were drier than the others.

Your obedient servant,

PERSIFOR F. SMITH.

BIBLIOGRAPHICAL NOTICES.

*Thompson on Prolapsus Uteri.*¹

Prolapsus uteri, of which the pamphlet before us more especially treats, is an affection which, unfortunately both for patient and physician, is but of too frequent occurrence. Met with at nearly all stages of life, and not exclusively confined to married females, it would not, we think from our own experience, be assuming too large an estimate to say, that at least one half of all married women, who have borne several children, suffer from it in a greater or less degree, and often without a consciousness of the real cause of their ailment. This affection is apparently much more prevalent now than in former times. But the seeming increase is owing to a better knowledge of the disease, derived from the investigating spirit of physiological medicine, which teaches us to isolate from the mass of disturbed organs the primitive focus from which the morbid impressions have radiated. Hence the physician is now able to trace in females a great majority of the nervous and hysterical paroxysms; of the dyspeptical caprices of the stomach, neuralgias of the spine, &c. &c., to a prolapsus or other lesion of the womb. From our own experience on this subject, and from repeated observations made with the speculum on the living subject, we should be inclined to say that prolapsus in its early stages is often more productive of disturbance in the nervous plexus of the abdomen, and is more apt to give rise to an irritable condition of the neck, than when it has farther advanced.

This appears to us to be owing to the connection of the uterus with the curved vagina, being such in consequence of the intestines and projection of the sacrum behind it, that the line of its axis, if extended downward, would pass through the posterior wall of the vagina, directly upon the rectum. It is in this direction that prolapsus must in the first instance take place, and the speculum has repeatedly shown it to us, with its neck buried as it were in a fold of the anterior wall of the rectum, carrying the vagina before it. The weight of the uterus, the passing of hardened fæces in the rectum, causes an irritated and often inflamed condition of the neck, while the nerves of the rectum themselves suffer. As the prolapsus progresses, the axis of the uterus corresponds more and more with the vagina, the neck has no longer so fixed a resting-place on the rectum, and the suffering is for a time diminished, or its place supplied by an obtuse sense of weight in the pelvis, pains in the loins and back, from the pressure and disturbance of the hypogastric and sacral plexuses of nerves.

The causes of this affection are in most respects well portrayed in the pamphlet before us,—such as the feeble support which the uterus naturally possesses, tight lacing, &c. &c. But that which we are led to believe a more common cause than all the rest, is not only overlooked but a misstatement made in regard to facts. We allude to too early rising after labour. Dr. T. asks what constitutes too early rising, and says in a very few days after labour the uterus resumes its natural size. The fact is otherwise, as is well known to pathologists; and Boivin and Dugés, in their most instructive work on the diseases of the uterus (which it would be well for our author to read), have laid down four weeks as the usual period required for the uterus to be diminished to nearly its former size; a much longer under adverse circumstances being often required. With the supports of the uterus weakened by the process of parturition, and its bulk and weight increased, we would say that prolapsus must be likely to ensue, especially in females of delicate constitutions and lax fibres, if they assume their active occupations much before the period which nature seems as above to have

¹ A Treatise on the Nature and Cure of Prolapsus Uteri, and other affections of the Pelvic Viscera. By R. Thompson, M. D. 12mo, p. 38. Columbus, Ohio.

marked out. That it may be and is often done with impunity, is but an exception to a more general rule.

For the cure of prolapsus, pessaries of almost every form, dimension and material, have been used in order to compel the uterus by physical means to retain its proper position until the utero-sacral ligaments, and other supporters of the uterus, may contract so as to exercise their proper office. That these instruments relieve generally, and even cure occasionally, there can be no doubt; but the results of their employment have been but little satisfactory to the physician, and the *modus medendi* has little to recommend it to the patient. We agree with Dr. T. that it is the vagina, and its attachments to the rectum, that form the principal support to the uterus, and that a permanent forced dilation of the vagina, by means of the pessary, is an unnatural state of the parts; and we believe that quite as much good, if not more, in many cases, is to be expected by the use of such an instrument as he describes, which allows the walls of the vagina to come in contact. His plan consists in an ingenious and convenient modification of the common T bandage, much the same, except in regard to material, as has been manufactured in this city by a female, and used for several years past with advantage in many cases. It consists of a cushion to the sacrum, a plate of leather to the hypogastrium, and two pelvic bands fastened with elastic webbing. From these proceed two straps along each side of the perinæum, and fastened to the cross bands in front and back. We have no doubt that this would in many cases render patients more comfortable, and prevent any like protrusion through the vulva, and that a palliation of suffering is the most it will be likely to effect. The author tells us that he has *patented* his *invention*, and entered into a *business arrangement* with Messrs. Cutler and French, under the firm of Cutler, French & Co., for the purpose of their manufacture. Without wishing to contest the originality of the invention of Dr. T.—though his instrument does not fulfil one single indication more than that made by Mrs. B., of this city,—we much doubt the moral right of a professional man to confine to the narrow sphere of his own pecuniary interest any thing that he may deem beneficial to his race, whilst he owes his entire stock of medical knowledge to the free and unreserved communications of distinguished physicians of all ages, scattered with the open hand of science, and for which he has made no adequate return. J. P.

Hooker on the Relation between the Respiratory and Circulating Functions.¹

This is an interesting essay on a subject to which our own attention has of late years been directed, but which is usually, as Dr. Hooker remarks, but little heeded.

The main conclusions to which the author has arrived, and which are worthy of attentive examination and investigation, are comprised in his concluding summary.

"The preceding essay, it is believed, establishes several important pathological principles, affording valuable diagnostic and therapeutic indications, which hitherto have been but slightly noticed, or wholly unknown. The indications of the pulse have received much attention; but the variations of the respiration have been little attended to, and the relations between the respiratory and circulating functions have been almost wholly neglected.

"The *comparative frequency* of the respiration and the pulse in health, which from constant observation, during a period of several years, I have

¹ An Essay on the relation between the Respiratory and Circulating Functions. By Charles Hooker, M. D. Read at the Annual New Haven County Meeting of the Connecticut Medical Society, April 12, 1838. Republished from the Boston Medical and Surgical Journal. 8vo, pp. 47. Boston, 1838.

ascertained to be 1 to 4½, has not been commonly observed; and most of the indications afforded by *variations of this ratio* have been altogether overlooked.

"A disproportionate *increased* frequency of the respiration has been shown to afford the general indication that there is some impediment to the respiration; which may be owing to—A, *Disorder of the lungs or air-passages*, as pneumonitis, phthisis, œdema of the lungs, or any affection of the lungs which prevents a portion of them from being freely permeated with air, or any disorder of the bronchia or bronchial membrane which impedes the communication between the air and the blood within the lungs: or, B, *Some mechanical impediment* to the motions of respiration: or, C, *Imperfect function of the organic nerves* of the lungs.

"A disproportionate *diminished* frequency of the respiration, which indicates a *want of energy in the nerves which control the respiratory motions*, has been shown to be common in typhus fever, and in many other diseases.

"The pathological effects of imperfect aeration of the blood, which had been treated of by Bichat and some subsequent writers, but which they scarcely noticed except as immediate precursors and causes of death, I have observed to be manifest through the progress of typhus fever, and many other diseases. What is commonly termed *congestion in the brain*, I have endeavoured to show is simply a deterioration of the blood caused by this imperfect aeration, a prominent example of which occurs in the disease termed congestive typhus. The effects of this imperfect aeration, depending upon disordered function of the different nerves concerned in respiration, have been traced in various diseases.

"The common occurrence, and the injurious effects, of this imperfect aeration of the blood suggest the important general *therapeutic indication to remedy deficient respiration*. The medicinal agents are detailed which aggravate deficient respiration, by increasing the circulation, or by diminishing the respiratory function.

"The use of remedies, with a view to *promote the arterialisation of the blood*, it is believed, has never been distinctly treated of by any author, as a prominent object of medication. Though my first class of these remedies—those which diminish the action of the heart and arteries—have been commonly known to possess this power over the circulation, still they have not been commonly employed with the view—a view which I consider as highly important in many cases—to obviate a disparity between the respiratory and circulating functions. The second and third classes of remedies—those which excite and invigorate the motor respiratory nerves, and the arterialising nerves of the lungs—have rarely, if ever, been recommended for those particular purposes; though I think it will be obvious to my readers, that many of the known valuable effects of these remedies are owing to such operations. The other three classes—4th, Ventilation; 5th, Remedies which obviate mechanical impediments to the respiration; and 6th, Remedies which excite secretions vicarious of respiration—though their general effects on the respiratory function have been known, have not been commonly employed for the distinct purpose of obviating deficient aeration of the blood.

"In short, the general subject of the pathological relations between the respiratory and circulating functions has received little, very little attention. The writer hopes that he has at least shown the subject to be deserving of investigation."

Quotidian Intermittent cured by Ligature of the Limbs.—The following case is extracted from the Reports of the Hôtel-Dieu, of Paris, and is copied into a late French journal.¹

A shoemaker, aged 16, of a lymphatic temperament, had been affected for

¹ La Lancette Française, Dec. 19th, 1837.

about a month with quotidian intermittent. At first the paroxysm occurred at 10 o'clock, but subsequently took place an hour later, lasting for two or three hours, the cold stage only being present.

After having been subjected to the use of sulphate of quinine, in the dose of eight grains, for four days, without preventing the recurrence of the paroxysm, this remedy was, at the suggestion of M. Petit, administered in the form of injection—a mode of administration which that gentleman has for more than fourteen years recommended in his clinical lectures, its efficacy having been witnessed by him on a great many occasions.

The following are the indications which he has laid down:—

Those relating to the administration of the sulphate of quinine are,—

1st. That it should be administered in injection, within twenty-four or thirty-six hours after the paroxysms; indeed the sooner the better.

2d. That the quantity must vary according to individuals, duration of fever, age, &c.

3d. That it should be combined with opium; as its action is then proved to be more efficacious.

4th. That the injection of sulphate of quinine should be preceded by a simple injection, so as to empty the large intestine.

5th. That it should be injected gently, in order to allow the intestine to become distended, and consequently to proceed further, thus permitting the liquid to come in contact with a more extensive surface of the intestinal mucous membrane, and to facilitate and increase its absorption.

The second indications relative to the organism are,—

1st. That the administration of sulphate of quinine by the rectum must not be had recourse to whenever any irritation exists in the large intestine.

2d. When there is diarrhoea or inflamed hemorrhoids.

3d. That it must not be used in individuals who cannot retain any injection.

The advantages of this mode of administering the sulphate over that by the mouth have been also appreciated by M. Petit, and relate both to the medicine and the state of the organism.

With respect to the first we may say,—

1st. That the disagreeable taste of an extremely bitter medicine is avoided. This advantage is especially remarkable with children.

2d. That according to M. Petit, the sulphate of quinine on reaching the stomach may undergo alteration through the influence of the gastric juice or alimentary matters, even under some unknown vital influence; for, according to his own observations, this therapeutic agent, administered by the *primæ viæ*, does not always act so powerfully as when given by the rectum, in which it experiences no change.

As to the second advantages relating to the organism, M. Petit observes,—

1st. That sulphate of quinine cannot be administered to individuals affected with gastritis without exposing them to great dangers, and that these are more numerous than in the large intestine.

2d. That this remark is applicable to those with a very irritable small intestine.

Such are the results obtained by M. Petit in the space of twenty years. The following is the injection used by him:—Sulphate of quinine, eight to twelve grains; syrup of white poppies, half an ounce; water of marsh-mallows, four to six ounces.

The patient whose case affords an opportunity of showing M. Petit's plan, was not benefited by either of the two modes of administration.

M. Petit proposed ligatures to the limbs at the very commencement of the paroxysm.

The first trial was made on the 30th of November; the paroxysm appeared at 11 o'clock in the morning; four ligatures being placed on the limbs, two on the lower part of the arms, and the other two at the inferior part of the thighs.

They were so fixed by means of bandages as to cause a compression on the brachial and crural arteries.

The shivering ceased almost immediately.

The next day the paroxysm returned and was arrested in the same way; it appeared once more and was again arrested. He recovered.

Development of the Generative Organs. By M. COSTE.¹—M. Costé has made some observations on the development of the generative organs in the sheep and human species; which, if correct, add much accuracy to the knowledge hitherto possessed of the analogies of the different organs in the two sexes. The following is the substance of his description:—In the foetal lamb, at a certain period, the external organs of generation consist of, 1st, a central asperity, or elevation, immediately below the anus, marked by a transparent line in its whole length; 2dly, a slight fold of skin, forming a corona round the base of the eminence; 3dly, two rounded eminences, placed one on each side of the fold of skin, and a little anterior to the base of the asperity. This median transparent line is not yet the orifice of a canal, but is only a groove leading to the common orifice of the bladder and uterus in the female, and of the bladder and vesiculæ seminales in the male, as in the tortoises. In the latter, its edges growing downwards, soon meet and unite, so as to form a complete canal, the urethra, which elongates as the body of the eminence grows, and forms the penis. In the female, the sides of the groove do not unite so soon, but continue to grow so as to surround the increasing common aperture of the genital and urinary organs; and they thus form, in women, the labia minora, and in ewes, by uniting the orifice of the vulva, while the eminence above and between them is developed into the clitoris. The coronal fold of skin is in each case developed similarly, but in different proportions; in the male forming the preputium penis, in the female the preputium clitoridis. The permanent openness of this groove in man is, of course, the cause of hypospadias.

The two rounded eminences by the side of the fold, which is afterwards developed into the prepuce, continue to grow, and as it is carried on with the penis, they approach each other, and at last unite below it, forming the scrotum in the male, which is, indeed, completed before the testicles have acquired their true sexual character. In the female they enlarge in the same manner, but here the eminence forming the clitoris, instead of advancing as the penis does, rather retreats into the vagina; so that it becomes more or less covered in front by the enlarged lateral eminences, which now form the labia majora, the analogues of the scrotum.

Efficacy of Acetate of Lead in Metrorrhagia. By DR. EICHELBERG, of Wesel.²—Dr. Eichelberg has confirmed the efficacy of acetate of lead, which has been so much recommended by English and American physicians, not only in metrorrhagia consequent on accouchement, but likewise in its chronic forms. Whenever used by him, much time had previously been occupied in the employment of other means without benefit. In two cases, among others, the patients had been enfeebled from loss of blood to such an extent as to endanger their existence. The remedy was administered in doses of from two to three grains, combined with one quarter of a grain of opium, taken every three hours. In some cases a few doses were sufficient; in others it was requisite to continue the medicine from two to three days, so that one patient took as much as one dram of the acetate in sixty hours. Dr. Eichelberg, in five patients treated by him, did not observe the slightest pernicious effect from it, either during its employment or subsequently.

¹ London Medical Gazette, May 12, 1838.

² Wochenschrift für die gesammte Heilkunde, No. 4, 1838.

Fatalism.—The doctrine of fatalism, which discourages all human effort by referring all events to immediate supernatural agency, is not confined to the East. The natives of French Guiana refer all their misfortunes to an evil spirit called Manetou, whose will it is held vain to resist. When some one furnished a crutch to a boy whose leg had been amputated, his father answered, "Manetou has taken my boy's leg, let him teach him to walk," and broke the crutch in pieces. "It is the will of Manetou that I should die," said an old chief, and he refused all assistance.

Puncturation of the Bladder.—A person, twenty-five years of age, addicted to onanism, had the imprudence to pass a finger-ring over the penis, so as to include two thirds of its length in the ligature. He went to sleep, and on waking made an urgent attempt to urinate, but unsuccessfully. Great swelling followed, and no relief was obtained for several hours. On arriving, the surgeon (Lorey, of Dijon) found the patient with dry tongue, altered countenance, pain in abdomen. The bladder was punctured, with relief. The ring was reached with much difficulty so as to insinuate the corner of a card beneath it, and then severed with the forceps. Recovery followed after some days.¹

Abscess containing Hair.²—In a patient suffering with secondary syphilis, a hard, painful swelling, of the size of an almond, developed itself about four inches above the ankle, where it softened and then discharged yellowish pus and a mass of hair. The abscess was smooth and serous on its internal surface.

Intermittent Ophthalmia cured by Quinine.³—The patient, sixty-eight years old, contracted catarrh, which soon assumed a periodic character. The paroxysm began daily at daybreak, with coryza and headache; then followed redness, weeping, and pain of the right eye; then regular chill at 8 A. M.; sweat at noon. The conjunctiva of a deep red, and the arteries of the face pulsated strongly. The pain gradually abated in the afternoon. Venesection, darkness, cataplasms, rest, diaphoretics, and leeches continued for a month, afforded some relief; but the disease at length appeared to yield to quinine, given in the dose of two grains, at intervals of three hours, and continued for two days.

Philadelphia Dispensary. Dr. Warrington, Physician-Accoucheur.—Since the appointment of Dr. Warrington as accoucheur to the Philadelphia Dispensary, in June, 1837, forty-one women have been safely delivered under his superintendence, on account of this and other existing charities. Of the infants, nineteen were boys and twenty girls; two boys were still-born. Two cases required the forceps and one the crotchet.

All the women recovered after parturition.

There was one case of pure peritonitis, two of metritis, and several of uterine congestion with exalted sensibility.

In one case the edge of the placenta was implanted upon the neck of the uterus occasioning hemorrhage. One case of adhesion of the membranes to the posterior parietes of the uterus, requiring separation by the introduction of the hand. In one case the placenta was retained three hours, in another two hours, before traction was made upon the cord, or any assistance given for the purpose of delivery.

In one case it became necessary to rupture the membranes to enable the

¹ Rev. Méd. Oct. 1837.

² Gaz. Méd. 30 Sept. 1837.

³ Ibid.

nterus to contract upon the fœtus before efficient labour could take place,—the patient having been subject to convulsions in her former labours.

Of the two still-born children, one was delivered by the forceps and the other by the crotchet. The mother, in the forceps' case, recovered rapidly from a short attack of peritonitis; and the subject of the crotchet delivery experienced no inconvenience from a protracted labour except an attack of the then prevailing disease (fever), from which she recovered under ordinary treatment of cups to the head and repeated purgatives.

Twenty-four cases of the first position of the vertex, three of the second, one of the fourth, which became spontaneously connected with the first, and one case of knee-presentation, were recognised; in the other cases delivery was too far advanced to make it an object to determine the position.

Twelve pupils have been in attendance upon Dr. Warrington's course of practical instructions in obstetrics at the Philadelphia Dispensary; each of these has had the opportunity of attending from three to four cases, either in conjunction with the accoucheur, or has had them placed under his own care, calling in the aid of the accoucheur whenever he deemed it necessary.

These instructions, we learn, will be resumed in the first week of September, and continued twice each week for four weeks.

*Luxation of the Thigh, dating seven months and a half; attempt at reduction; fracture of the bone during the operation.*¹—An opinion generally prevails amongst surgeons that no attempt should be made at reducing a luxated limb, when two or three months have elapsed since the receipt of the accident. It is, however, certain, that luxations of a much more ancient date have been reduced, and pathological anatomy shows that in some cases of dislocation of long standing we may attempt reduction with considerable hope of success. Thus, for example, the head of the bone may have been forced through a simple laceration of the fibrous capsule; here, the articulating extremity of the bone, although displaced, is still connected with the capsule, which continues to secrete synovia, and does not become completely disorganised. The reduction of old luxations requires the employment of very considerable force, and accidents sometimes occur even when the mechanical means resorted to have been directed by skilful surgeons. An accident of this kind lately befel M. Malgaigne, at the Hospital of La Charité.

A lad, seventeen years of age, was admitted into the hospital with incomplete luxation of the thigh, upwards and outwards, which dated seven months and a half; the injured limb was not much deformed, but there existed a distance of half an inch between the head of the bone and the cotyloid cavity. For several days weights, gradually varying from ten to thirteen, twenty-four, and forty-five kilog.,² were attached to the extremity of the injured limb, for the purpose of extending or breaking any cellular bands which might retain the head of the bone in its abnormal position. Two thirds of the distance between the head of the bone and its cavity had been thus accomplished, when more powerful means were had recourse to. A lever was firmly attached to the outer side of the thigh, and the extending force carried to an equivalent of two hundred kilog., but afterwards reduced to one hundred and forty; the head of the femur was now brought down on a level with the acetabulum, the extending force suspended, and the two assistants having bent the leg on the thigh, were directed to rotate the latter from without inwards; during this manœuvre the femur was broken across at its lower third.—*French Lancet*, Feb. 3, 1838.

¹ *Lancet* for March 3, 1838, p. 835.

² The kilogramme weighs about two pounds five grains.

Wound of the Ascending Arch of the Aorta. Spontaneous Cure.—The following remarkable case shows to what an extent the curative powers of nature may occasionally be carried:—

J. H., 32 years of age, a strong robust soldier of the Bavarian army, received, in 1812, a stab of a knife, which penetrated the chest between the fifth and sixth ribs. The man fell to the earth without consciousness, and remained there for more than an hour exposed to extreme cold. In this situation he was discovered by Dr. Neil, of Bramberg, who, although the patient seemed on the point of death, thought it right to bring the edges of the wound together, and had the man conveyed to the hospital. At the expiration of two or three hours, the hemorrhage continuing abundantly, the man came to himself but could distinguish nothing; he was affected with an incurable amaurosis. After a few weeks the wound healed completely; the man now left the hospital, and to console himself for his infirmity gave himself up to drink, which at length, in 1813, brought on a fatal pneumonia.

On examining the body it was found that the wound traversed the lungs completely across, the entrance and exit of the knife being marked by cicatrices; at the level of one of the cicatrices a solution of continuity was discovered in the ascending aorta; it was about a quarter of a line in length, and closed with firm fibrine. The artery was now removed with caution, and divided internally, when a small cicatrix, corresponding with the external lesion, was discovered in the inner parietes of the vessel, thus showing that the three coats of the artery had been divided by the instrument.¹

BOOKS RECEIVED.

Annual Announcement of the Jefferson Medical College, for the session of 1837-8. 8vo, pp. 16. Philadelphia, 1838.

From Prof. Cabell.—Catalogue of the Officers and Students of the University of Virginia, session 1837-8. 8vo, pp. 24. Charlottesville, 1838.

From Prof. Charles Davis.—Address to the Graduates of the Medical College of Georgia, delivered April 2, 1839. By the Rev. Elijah Sinclair, one of the Board of Trustees. (Published by order of the Board of Trustees.) 8vo, pp. 11. Augusta, 1838.

[For a notice of this address see a former number of the "Intelligencer."]

From the same.—Report of the Board of Health—Return of Deaths within the city of Charleston from Jan. 1, 1837, to Jan. 1, 1838; with an abstract of the weather for the year 1837.

From J. J. Smith, Jr., Esq.—First Supplement to the large Catalogue of Books belonging to the Library Company of Philadelphia, including the importation of May, 1838. 8vo, pp. 45. Philadelphia, 1838.

Manuel complet de Clinique Médicale et Chirurgicale, et de l'art des Accouchements; par des Professeurs agrégés et des Docteurs de la Faculté de Paris; publié sous la direction de P. Vavasseur, D. M., Edit. Belge, augmentée d'une planche d'instruments nouveaux de Chirurgie, et du formulaire magistral Français et Latin de J. L. Alibert. 12mo, pp. 612. Bruxelles, 1836.

Manuel pratique d'Orthopédie, ou Traité élémentaire sur les Moyens de prévenir et de guérir toutes les difformités du corps humain: par F. L. E. Mellet, Docteur en Chirurgie de la Faculté de Paris, &c.; avec 18 planches. 12mo, pp. 330. Bruxelles, 1836.

Précis analytique et raisonné du système de Lavater sur les signes physiognomiques, &c. &c.; par N. J. Ottin, Ancien Professeur et Pensionnaire de l'Université. 12mo, pp. 444: avec 23 planches. Bruxelles, 1834.

¹ Arch. Général., May 1838, and Lancet, June 9, 1838, p. 363.